Docket Number						
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				484112.436USPC		
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)						
Application Number 10/568,737				Filed Ja	nuary 3, 2007	
For POLYPEPTIDES OF STREPTOCOCCUS PYOGENES						
			kaminer admavathi	Baskar, Ph.D.		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.						
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
	·	Fee	Small E	ntity Fee		
	One month (37 CFR 1.17(a)(1))	\$130	\$6	35	\$	
	Two months (37 CFR 1.17(a)(2))	\$490	\$2	45	\$	
	Three months (37 CFR 1.17(a)(3))	\$1110	\$5	55	\$ <u>1110</u>	
	Four months (37 CFR 1.17(a)(4))	\$1730	\$8	65	\$	
	Five months (37 CFR 1.17(a)(5))	\$2350	\$1	175	\$	
П	Applicant claims small entity status. See 37	CFR 1.27.				
Ō	A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.					
X	The Director is hereby authorized to charge the above fees, or credit any overpayment,					
_	to Deposit Account Number <u>19-1090</u> .					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the ☐ applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71						
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).						
x attorney or agent of record. Registration No. 48,903						
attorney or agent under 37 CFR 1.34.						
Registration number if acting under 37 CFR 1.34						
	/Mae Joanne Rosok/ January 12, 2009				2, 2009	
	Signature	Signature Date				
	Mae Joanne Rosok 206-622-4900				00	
	Typed or printed name Telephone Number					

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patients, PO Box 1450, Navandia, VA 22313-1430.

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